

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 091737687 FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

10/21/05 12740 CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/		/	
2		/	/	
3		/	/	
4		/	/	
5		/	/	
6		/	/	
7		/	/	
8		/	/	
9		/		
10		/	/	
11		/	/	
12		/	/	
13		/	/	
14		/	/	
15		/	/	
16		/	/	
17		/	/	
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

*		*		*	
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

15  
16